



School: _____ Coordinator: _____

Student Information

Name: _____ Student ID: _____

Address: _____ Home Language: _____

Grade: _____ Homeroom Teacher: _____ Date of Birth: _____

Sport/Club/Activity Information

Sport/Club/Activity

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Parent/Guardian Signature: _____ Counselor Signature: _____

Contact Information

Parent/Guardian Name: _____ Cell Phone: _____ Work Phone: _____

Home Phone: _____ Email: _____

Emergency Contact Name: _____ Cell Phone: _____ Work Phone: _____

Home Phone: _____ Email: _____

Release Information

I agree to the following terms:

I hereby give permission for my child to participate in afterschool activities sponsored by DCPS.

I allow DCPS to use photos of my child and copies of my child's work for program advertisement, without use of my child's name.

I allow participating Community-Based Organizations (CBOs) to access my child's education records in order to help provide the most effective and comprehensive academic support.

Parent/Guardian Signature: _____ Date: _____



September 2, 2009

Dear Parents/Guardians,

In an effort to serve your child better in our afterschool program,

_____ School wants to ensure that our program meets your child's academic needs. In order to tailor the program to his or her needs, the Afterschool Coordinator is seeking your approval to access important information about the student. Under the Family Educational Rights and Privacy Act (FERPA), parents have the right to protect their child's educational record. By signing below, you are giving _____ (Afterschool Coordinator's name) access to student demographic data, test scores, and quarterly grades and are giving afterschool providers at _____ School the right to receive this information from the Afterschool Coordinator. The release of this information ensures that afterschool providers in our school can meet your child's needs by cultivating his/her strengths and by identifying and working to improve his/her specific areas of weakness. The afterschool providers' staff have been trained, have signed confidentiality agreements, and know the importance of your child's privacy.

_____ I **allow** the Afterschool Coordinator at the above named school to access my child's demographic data, test results, and quarterly grades and to give those data to afterschool providers' staff for purposes of academic enrichment.

_____ I **do not allow** the Afterschool Coordinator at the above named school to access my child's demographic data, test results, and quarterly grades.

Signature of Parent/Guardian

Date

Printed Parent/Guardian's Name

Printed Student's Name

This letter must be signed in order for your child to be enrolled in the DCPS Afterschool Program for the 2009-2010 school year.

Please contact the Office of Out of School Time at OutofSchoolTime@dc.gov or 202-442-5002 with any questions.